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## BIB DATA SHEET

CONFIRMATION NO. 8873

<b>SERIAL NUMBER</b> 10/018,154	<b>FILING or 371(c) DATE</b> 03/29/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 2454	
<b>APPLICANTS</b> Desinger Kai, Berlin, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP00/03146 04/08/2000 /JF/ <b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 27 650.1 06/17/1999 /JF/ <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /JONATHAN M FOREMAN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Beck & Tysver Suite 100 2900 Thomas Avenue South Minneapolis, MN 55416 UNITED STATES					
<b>TITLE</b> Surgical, grooved director for collecting tissue in a minimally invasive manner					
<b>FILING FEE RECEIVED</b> 2426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		